


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <u>Kevin</u> MI <u>R</u>		<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME LAST SUFFIX <u>Mr.</u> <u>Davenport</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1701 Beck Street</u> <u>Bryan Tx</u> <u>77803</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979)</u> <u>436-1218</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <u>Aisha</u> MI		
	NICKNAME LAST SUFFIX <u>Mrs.</u> <u>Davenport-Amos</u>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1903 Homestead Dr.</u> <u>Houston Tx</u> <u>77035</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979)</u> <u>422-8994</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      Month Day Year <u>07 / 01 / 2015</u> THROUGH <u>07 / 24 / 2015</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 03 / 2015</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE  OFFICE HELD (if any)  <u>N/A</u>		13 OFFICE SOUGHT (if known)  <u>Bryan City Council At Large Place 6</u>

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 190

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,090

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 1,467

4. TOTAL POLITICAL EXPENDITURES

\$ 1,467

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 723

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Kevin Davenport*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Davenport, this the 5th day of October, 2015, to certify which, witness my hand and seal of office.

*Mary L. Stratta*

Signature of officer administering oath

Mary L. Stratta

Printed name of officer administering oath

City Secretary

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

- |     |                                     |  |    |
|-----|-------------------------------------|--|----|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$ |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ |
| 8.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ |
| 9.  | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$ |
| 10. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ |
| 11. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Kevin Davenport*

3 Filer ID (Ethics Commission Filers)

4 Date

*Jul 23, 2015*

5 Full name of contributor

☐ out-of-state PAC (ID#:

*Nathan Favero*

7 Amount of contribution (\$)

*\$2,000*

6 Contributor address; City; State; Zip Code

*2905 Silver Spur Circle Apt C Bryan Tx 77801*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*Aug 4, 2015*

Full name of contributor

☐ out-of-state PAC (ID#:

*Roy Flores*

Amount of contribution (\$)

*\$40.00*

Contributor address; City; State; Zip Code

*4609 Kensington Bryan Tx 77803*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*Aug 8, 2015*

Full name of contributor

☐ out-of-state PAC (ID#:

*Howard Davenport*

Amount of contribution (\$)

*\$80.00*

Contributor address; City; State; Zip Code

*315 Legion Court Bryan Tx 77803*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*Sept 10, 2015*

Full name of contributor

☐ out-of-state PAC (ID#:

*Al Saenz*

Amount of contribution (\$)

*50.00*

Contributor address; City; State; Zip Code

*1416 Sandy Point Bryan Tx 77803*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

- |     |   |    |
|-----|---|----|
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ |
| 8.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ |
| 9.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$ |
| 10. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ |
| 11. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Ken in Davenport #</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Aug 25, 2015</i>		5 Payee name <i>Speedy Signs USA</i>			
6 Amount (\$) <i>475.00</i>		7 Payee address; City; State; Zip Code <i>162825 Spencer Ct. Lake City, FL 32024</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>Aug 11, 2015</i>		Payee name <i>Vista Print USA Incorporated</i>			
Amount (\$) <i>\$84.00</i>		Payee address; City; State; Zip Code <i>95 Hayden Avenue Lexington MA 02421</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>Aug 12, 2015</i>		Payee name <i>Specialty Photography</i>			
Amount (\$) <i>\$35.00</i>		Payee address; City; State; Zip Code <i>524 University Ave E-Busta B College Station TX 77840</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_ )**9** Loan Amount (\$)**6** Is lender  
a financial  
institution?

Y N

**8** Lender address;

City;

State;

Zip Code

**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political  
account (See Instructions)☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender  
a financial  
institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name  
Aug 15 2015 Specialties Photography

6 Amount (\$) 7 Payee address; City; State; Zip Code  
\$ 33.00 524 University Dr. E. Santa Fe College Station TX 77840

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description  
Advertising Expense  
☐ Check if travel outside of Texas, complete Schedule T  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name  
Sept 2015 City of Bryan Parks and Recreation

Amount (\$) Payee address; City; State; Zip Code  
\$ 60.00 1309 E. Martin Luther King Jr. St. Bryan TX 77803

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description  
Fundraising Expense  
☐ Check if travel outside of Texas, complete Schedule T  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name  
Sept 18, 2015 TB/CB Chambers of Commerce

Amount (\$) Payee address; City; State; Zip Code  
700.00 4001 E 29th St. Bryan TX 77802

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description  
Advertising Expense  
☐ Check if travel outside of Texas, complete Schedule T  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial institution?  Y    N	8 Lender address;                      City;        State;        Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral  <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)  <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;                      City;        State;        Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;                      City;        State;        Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)  <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;                      City;        State;        Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Kenan Davenport</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Sept 20, 2015</i>	5 Payee name <i>Verizon</i>	
6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>3210 S. Texas Avenue Bryan TX 77802</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_ )**9** Loan Amount (\$)**6** Is lender  
a financial  
institution?

Y N

**8** Lender address;

City;

State;

Zip Code

**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political  
account (See Instructions)☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender  
a financial  
institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

\$

5 Date

6 Payee name

7 Amount (\$)

8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description

☐

Check if travel outside of Texas, complete Schedule T

☐

Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF EXPENDITURE

☐

Political

☐

Non-Political

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐

Check if travel outside of Texas, complete Schedule T

☐

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

**6** Address of person from whom investment is purchased; City; State; Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom amount is received

**8** Amount (\$)

.....  
**6** Address of person from whom amount is received; City; State; Zip Code

**7** Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....  
Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....  
Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....  
Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

## 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder